DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 04/26/2006

Provider Inspection Summary

For the period 04/01/2003 to 03/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Facility Information

Facility Name: RIVER VIEW CBRF (310509)

Address: 740 N FREMONT ST, WHITEWATER, WI 53190

License Status: REGULAR

Licensed/Certified/Registered 09/01/1987

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0091975 End Date: 02/10/2004 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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